

California Board of Corrections (BOC)
Mentally Ill Offender Crime Reduction Grant Program (MIOCRG)
Form MIOCRG005: Semi-Annual Progress Report

All grantees must use this form in preparing their Semi-Annual Progress Reports, which are used by BOC staff to monitor contract compliance and identify areas for where counties may need technical assistance. All projects must submit a file (by email) or diskette with the common data elements for the six-month reporting period in conjunction with this Semi-Annual Progress Report.

A. GENERAL INFORMATION

County:

Reporting Period:

Contract Number:

Date Submitted:

B. PROJECT FISCAL OVERVIEW

1. Have all invoices due to date been submitted? If no, please explain why the invoices have not been completed and/or submitted to the BOC. Yes ☐ No ☐
2. Were any budget line item changes over 10% made during this reporting period? If yes, was a Budget Modification Form submitted to, and approved by, the BOC? Yes ☐ No ☐
3. Do you anticipate budget line item changes over 10% in the next reporting period? If yes, please explain. Yes ☐ No ☐
4. Is your project on track with projected expenditures of state grant funds? If no, please explain. Yes ☐ No ☐
5. Is your project on track with projected expenditures of county match funds? If no, please explain. Yes ☐ No ☐

C. PROJECT IMPLEMENTATION (Note: Counties with projects that have multiple programs must report the following information for each one.)

1. Is your project on track with its projected implementation timelines for key activities, including staffing, subcontracts, program site(s), community resource development (e.g., housing) and client enrollment? If not, explain what steps have been taken and/or are in progress to address the challenges/issues. Yes ☐ No ☐
2. What were your project's biggest challenges during this reporting period?
3. What were your project's biggest successes during this reporting period?
4. Please describe any program modifications made during this reporting period and any anticipated modifications during the next reporting period (i.e., changes from the original grant proposal).
5. Please describe any project staff changes made during this reporting period and any anticipated changes during the next reporting period.

D. PROGRAM EVALUATION (Counties with projects that have multiple programs must report the following information for each one.)

1. What is the number of participants you anticipated at this point in the project?
Treatment Group: _____ Comparison Group: _____
2. What is the actual number of individuals recruited into the program at this point in the project?
Treatment Group: _____ Comparison Group: _____
3. What is the actual number of participants currently in the treatment and comparison groups?
Treatment Group: _____ Comparison Group: _____
4. What is the actual number of individuals who have dropped out of the program?
Treatment Group: _____ Comparison Group: _____
5. How many individuals enter the system on a monthly basis who meet the criteria for inclusion in the treatment group (or in the pool from which treatment and comparison group members are selected)?
6. Are you experiencing any difficulty in collecting the required common data elements for the statewide evaluation of the MIOCRG program? If yes, please explain. Yes ☐ No ☐
7. Is the contractually required local evaluation of your project on track? If no, please explain what difficulties/challenges you are facing. Yes ☐ No ☐

AUTHORIZED COUNTY SIGNATURES

Project Manager: _____

Project Fiscal Officer: _____

Project Researcher: _____

PLEASE MAIL ONE COPY OF THIS REPORT (WITH ORIGINAL SIGNATURES) TO THE BOARD OF CORRECTIONS, 600 BERCUT DRIVE, SACRAMENTO, CA 95814.

PLEASE REMEMBER THAT ALL PROJECTS MUST SUBMIT A FILE (BY EMAIL) OR DISKETTE CONTAINING THE COMMON DATA ELEMENTS FOR THE SIX-MONTH REPORTING PERIOD IN CONJUNCTION WITH THIS SEMI-ANNUAL PROGRESS REPORT.